

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567901

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		1		1		
4		3		1		
5		3		1		
6		3		1		
7		3		1		
8		3		1		
9		3		1		
10		3		1		
11		3		1		
12		3		1		
13	1		1			
14		1		1		
15		1		1		
16		4		1		
17		2		1		
18		2		1		
19		4		1		
20				1		
21		3		1		
22		3		1		
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50						
TOTAL IND.		2				
TOTAL DEP.		29				
TOTAL CLAIMS		31				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						